

Tobacco Surveillance Data Brief:

Adult Cigarette Smoking Prevalence

A joint effort between the NJ Department of Health and Senior Services, Comprehensive Tobacco Control Program (CTCP) and the UMDNJ-School of Public Health, Tobacco Surveillance and Evaluation Research Program (TSERP)

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Current Cigarette Smoking Prevalence

In 2005, 17.4% (± 1.8) of New Jersey adults identified themselves as current smokers. According to the 2005 New Jersey Adult Tobacco Survey (NJATS), the percentage of adults who were current smokers significantly declined from 19.8% (± 1.5) in 2000. This decline represents a trend of decreasing adult smoking prevalence since at least 2000. The exception to this trend was an increase in smoking prevalence in 2001, possibly due in part to the events surrounding September 11th (CDC, 2002; Vlahov et al., 2002) (See Figure 1).

Figure 1: Percentage of current cigarette smokers among adults in New Jersey – NJATS, 2000-2005

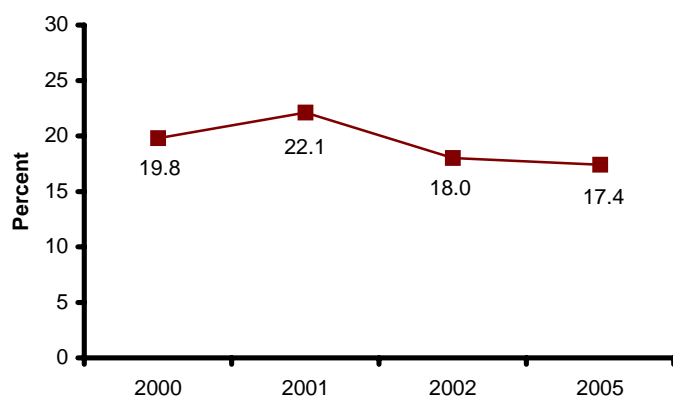
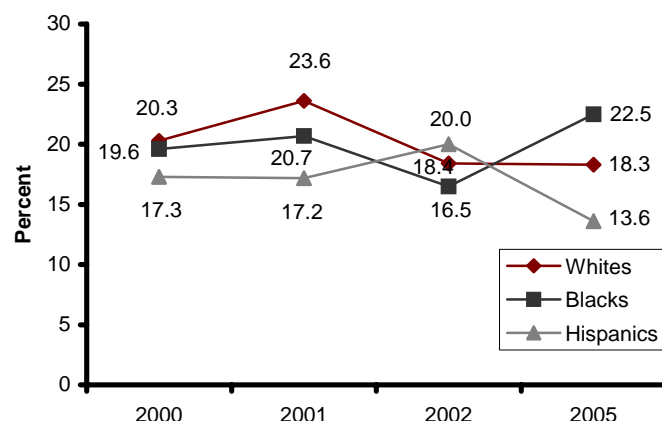


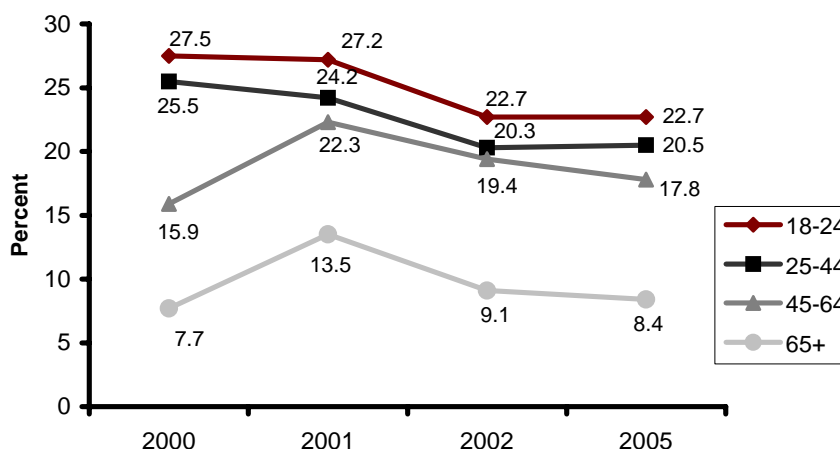
Figure 2: Percentage of current cigarette smokers among adults in New Jersey, by race/ethnicity – NJATS, 2000-2005



Continuing past trends, males ($19.8 \pm 3.1\%$) were more likely than females ($15.4 \pm 2.1\%$) to be current cigarette smokers. In 2005, there were no statistically significant differences in current cigarette smoking among whites ($18.3 \pm 2.1\%$), blacks ($22.5 \pm 7.3\%$) and Hispanics ($13.6 \pm 4.4\%$). There were also no statistically significant differences in cigarette smoking prevalence by gender or by race over time. However, as seen in Figure 2 and corroborated by data from the New Jersey Behavioral Risk Factor Surveillance System (NJ BRFSS), there appears to be a decreasing trend in cigarette smoking among whites and an increasing trend among blacks. Although these trends were not statistically significant, careful monitoring of smoking prevalence by race/ethnicity is warranted in order to document persistent racial/ethnic differences over time and understand disparities in cigarette use.

Figure 3 indicates the current cigarette smoking prevalence by age group from 2000 to 2005. Cigarette smoking prevalence did not vary significantly, but did show a downward trend, over time for most groups. Only 25- to 44-year-olds showed a significant decline in smoking prevalence ($25.5 \pm 2.7\%$ in 2000 to $20.5 \pm 3.7\%$ in 2005). Data from NJ BRFSS reveal similar trends.

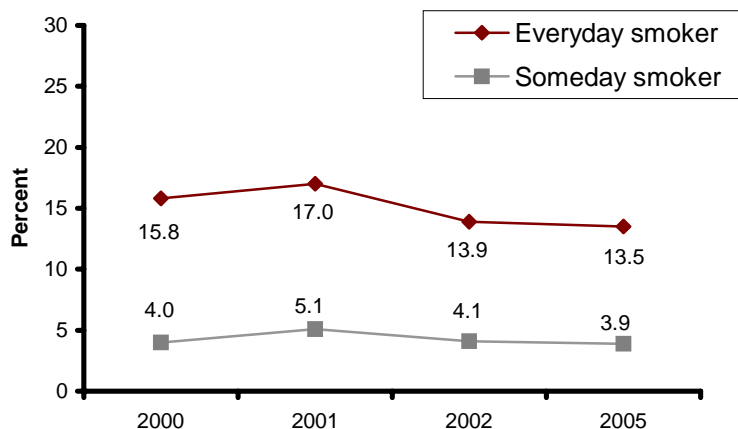
Figure 3: Percentage of current cigarette smokers among adults in New Jersey, by age group - NJATS, 2000-2005



Changing Patterns of Adult Cigarette Smoking

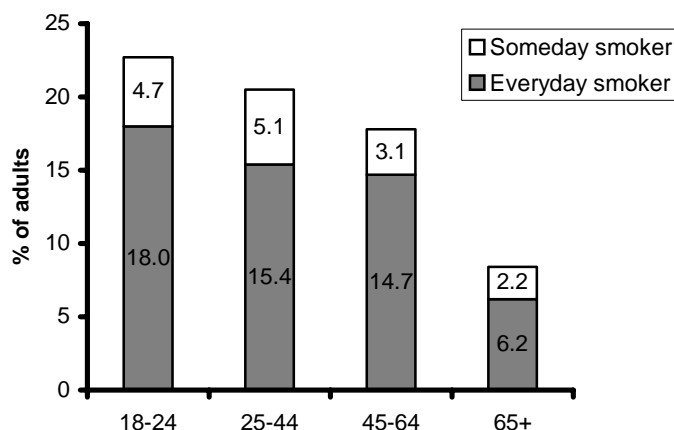
Many people assume that smokers smoke daily, but in fact many smokers practice someday smoking. In 2005, 13.5% (± 1.6) of adults reported smoking daily and 3.9% (± 0.9) reported someday smoking. There was a significant decline in daily smoking between 2000 and 2005, but no significant difference for someday smoking. There were no gender differences for daily and someday smoking.

Figure 4: Percentage of everyday smokers and someday smokers among adults in New Jersey - NJATS, 2000-2005



Daily smoking differed by race/ethnicity. The prevalence of daily smoking among adults was significantly higher among whites ($15.0 \pm 2.0\%$) compared to Hispanics ($8.4 \pm 3.2\%$). The prevalence of daily smoking among black current smokers was $15.4\% (\pm 6.0)$. As shown in Figure 5, smokers aged 18-24 had the highest prevalence of daily smoking ($18.0 \pm 4.6\%$), while smokers 65 and over had the lowest prevalence of daily smoking ($6.2 \pm 2.2\%$); the difference between daily smoking for these age groups was statistically significant.

Figure 5: Everyday smoking vs. someday smoking, by age group - NJATS, 2005



Cigarette consumption

The average number of cigarettes smoked per day is decreasing. In 2000, $51.1\% (\pm 4.1)$ of daily smokers reported smoking 15 or fewer cigarettes per day and by 2005, $53.7\% (\pm 6.1)$ reported smoking 15 or fewer cigarettes per day (see Figure 6). The change in the percentage of daily smokers smoking 15 or fewer cigarettes a day was not statistically significant but these are encouraging trends that bear further monitoring.

Figure 6: Percentage of daily smokers that smoke 15 or fewer cigarettes daily - NJATS, 2000-2005

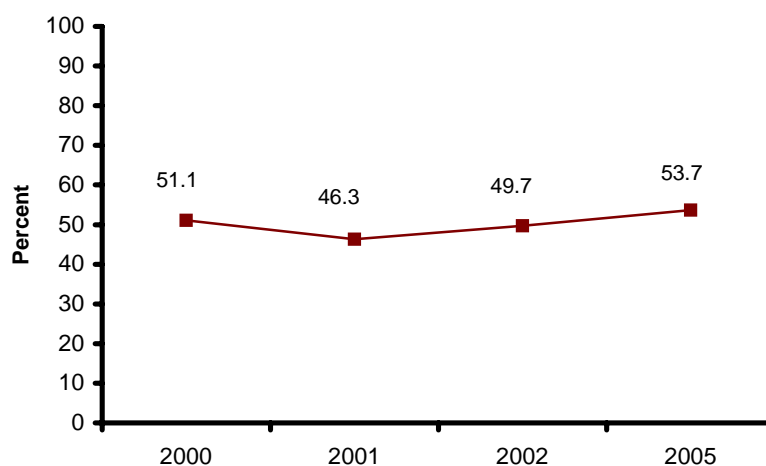
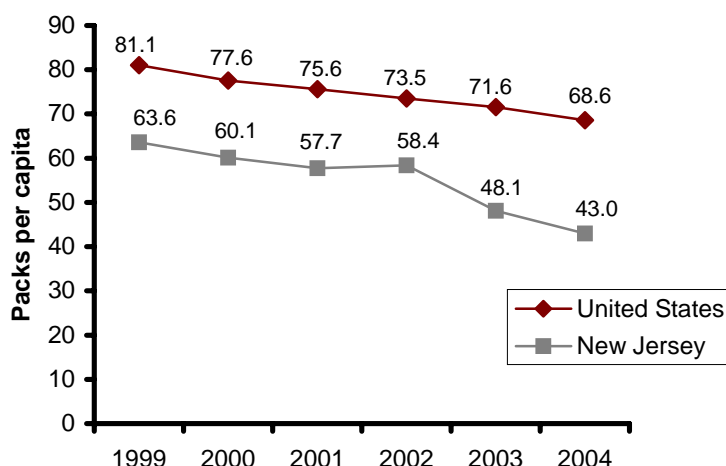


Figure 7 illustrates per capita cigarette consumption for New Jersey and the United States between 1999 and 2004. Per capita consumption in the United States and New Jersey declined during this time period. However, New Jersey's per capita consumption was almost 20 packs lower than the rate for the United States in 1999. The gap between the United States and New Jersey increased to almost 30 packs per capita in 2004, suggesting that New Jersey's per capita cigarette consumption is declining at a faster rate than the United States in general.

Figure 7: United States and New Jersey packs per capita cigarette consumption -Tobacco Institute, 1999-2004



References

Centers for Disease Control and Prevention. Psychological and emotional effects of the September 11 attacks on the World Trade Center-Connecticut, New Jersey, and New York, 2001. *MMWR*, 2002; 51: 784-786.

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Vlahov D, Galea S, Resnick H, Ahern J, Boscarino JA, Bucuvalas M, Gold J, Kilpatrick D. Increased use of cigarettes, alcohol, and marijuana among Manhattan, New York, residents after the September 11th terrorist attacks. *American Journal of Epidemiology* 2002; 155:988-996.

More information:

The data in this brief are from the New Jersey Adult Tobacco Survey (NJATS). The New Jersey Adult Tobacco Survey (NJATS) is a point-in-time telephone survey used to monitor tobacco use behavior, knowledge, and attitudes among New Jersey adults. The survey uses a random digit dialing (RDD) sampling approach and provides information that allows the CTCP to monitor progress over time and evaluate whether goals and objectives are being met, particularly those aimed at reducing the use of tobacco among New Jersey adults. The NJATS was administered in 2000, 2001, 2002, and 2005. The most recent NJATS was administered to 3197 adults between February and April 2005. The data are weighted to adjust for non-response and the varying probabilities of selection, including those resulting from the over sampling, providing results representative of the New Jersey adult population.

Current smoking is defined as having smoked 100 cigarettes in a lifetime and now smoking cigarettes every day or some days. Daily smoking is defined as having smoked 100 cigarettes in a lifetime and now smoking cigarettes every day. Someday smoking is defined as having smoked 100 cigarettes in a lifetime and now smoking cigarettes some days.

For more information on the NJATS or the data reported in this brief, contact the New Jersey Department of Health and Senior Services at 609-292-4414, or visit their website at <http://www.state.nj.us/health/as/ctcp/index.html>

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